

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

D. I. P.

DOCUMENT # **P39852** (9)

1. Corporation Name
EPISODE USA, INC.



Principal Place of Business: **1040 AVENUE OF THE AMERICAS NEW YORK NY 10018**
Mailing Address: **1040 AVENUE OF THE AMERICAS NEW YORK NY 10018**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip 25 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip 30 Country

3. Date Incorporated or Qualified: **07/30/1992**
3a. Date of Last Report: **06/19/1995**
4. FEI Number: **11-2750441**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when recording.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VC	[] DELETE	1. 1. TITLE [] Change [] Addition
NAME: FANG, JEFFREY J.		2. 2. NAME
STREET ADDRESS: 1040 AVE OF THE AMERICAS		13. 13. STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY		14. 14. CITY-ST-ZIP
TITLE: D	[] DELETE	2. 1. TITLE [] Change [] Addition
NAME: FANG, CHRISTINE		2. 2. NAME
STREET ADDRESS: 1040 AVE OF THE AMERICAS		2. 3. STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY		2. 4. CITY-ST-ZIP
TITLE: VP	<input checked="" type="checkbox"/> DELETE	3. 1. TITLE [] Change [] Addition
NAME: BELEJ, MICHAEL		3. 2. NAME
STREET ADDRESS: 1040 AVE AMERICAS		3. 3. STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY		3. 4. CITY-ST-ZIP
TITLE: PCEO	<input checked="" type="checkbox"/> DELETE	4. 1. TITLE [] Change [] Addition
NAME: CATALANO, RICHARD		4. 2. NAME
STREET ADDRESS: 1040 AVE OF AMERICAS		4. 3. STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY		4. 4. CITY-ST-ZIP
TITLE: STD	[] DELETE	5. 1. TITLE [] Change [] Addition
NAME: CHIANG, Y.S.		5. 2. NAME
STREET ADDRESS: 1040 AVE OF THE AMERICAS		5. 3. STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY		5. 4. CITY-ST-ZIP
TITLE: C	[] DELETE	6. 1. TITLE [] Change [] Addition
NAME: FANG, KENNETH H.		6. 2. NAME
STREET ADDRESS: 1040 AVE OF THE AMERICAS		6. 3. STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY		6. 4. CITY-ST-ZIP

**PRESIDENT
CHOW, LITA
1040 AVENUE OF THE AMERICAS
NEW YORK, NY**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: Y.S. CHIANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(212) 596-0100

CR2E034 (12/95)